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		<i>Complete if Known</i>	
Application Number	09/503,834		
Filing Date	02/15/2000		
First Named Inventor	PATENAUD, Francois, et al.		
Examiner Name	PRETLON, D.R.		
Group/Art Unit	2857		
Attorney Docket No.	Borden P11US0		

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 22-0257</p> <p>Deposit Account Name: Varnum, Riddering, et al.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> 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SUBMITTED BY: VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP		Complete (if applicable)		
Name (Print/Type)	Thomas L. Lockhart	Registration No. (Attorney/Agent)	29,324	Telephone 616/386-6000
Signature			Date	

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06-2182

28578

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): PATENAUD, Francois, et al.
For: METHOD AND APPARATUS FOR NOISE FLOOR LEVEL ESTIMATION
Serial No.: 09/503,834
Filed: February 15, 2000

Assistant Commissioner for Patents
Washington, D.C. 20231

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Sir:

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<input checked="" type="checkbox"/> Transmittal Form	<input type="checkbox"/> Declaration for Patent Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check attached for \$	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Notice of Allowance and Issue Fee Due
<input type="checkbox"/> Provisional Application for Patent Cover Transmittal <input type="checkbox"/> Specification ____ Pages <input type="checkbox"/> Claims ____ Pages	<input type="checkbox"/> Information Disclosure Cover Letter <input type="checkbox"/> IDS PTO 1449 <input type="checkbox"/> References	<input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Design/Utility Application Transmittal <input type="checkbox"/> Specification ____ Pages <input type="checkbox"/> Claims ____ Pages	<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> References	<input type="checkbox"/> Maintenance Fee Transmittal Form <input type="checkbox"/> Maintenance Fee Payment
<input type="checkbox"/> PCT <input type="checkbox"/> Transmittal Letter to the United States Receiving Office <input type="checkbox"/> PCT Fee Calculation Sheet <input type="checkbox"/> PCT Request (____ Pages) <input type="checkbox"/> PCT General Power of Attorney Cover Letter <input type="checkbox"/> PCT General Power of Attorney	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Letter to Official Draftsman	<input checked="" type="checkbox"/> Itemized Postcard
<input type="checkbox"/> Request Transmittal (RCE or CPA)	<input type="checkbox"/> Response to Missing Parts /Incomplete Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	-Response to Office Action
<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Request for Refund	

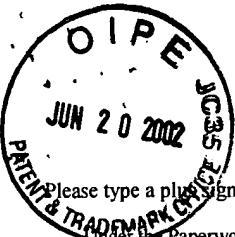
Dated: 6/20/02

VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP
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(616) 336-6000

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Approved for use through 10/31/2002. OMB 0651-0031

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

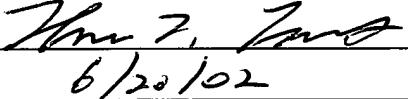
(to be used for all correspondence after initial filing)

		Application Number	09/503,834
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		Group Art Unit	2857
		Examiner Name	PRETLON, D. R.
Total Number of Pages in This Submission		Attorney Docket Number	Borden P11US0

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts /Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard	
			<input type="checkbox"/> Assignment Papers (for an Application)
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			<input type="checkbox"/> CD, Number of CD(s) _____
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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